

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Bennett</i>		<b>Position:</b> <i>1 or 2</i>	
<b>Station:</b> <i>W7/M</i>	<b>Date:</b> <i>7-10-13</i>	<b>Time:</b> <i>2:30</i>	
<b>Vehicle Make:</b> <i>Pont</i>	<b>Model:</b> <i>Torrent</i>	<b>Year:</b> <i>2006</i>	
<b>GVWR:</b> <i>5070</i>	<b>Fuel Type:</b> <i>CAS</i>	<b>Registration Number:</b> <i>340 104</i>	
<b>Auditor:</b>		<b>Covert / Overt</b> (circle one)	
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			

Revised 04/12/2013

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <u>Krah- Ray</u>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <u>Wilmington</u>		<b>Date:</b> <u>7-10-13</u>	<b>Time:</b> <u>2:50</u>
<b>Vehicle Make:</b> <u>Chevy</u>		<b>Model:</b> <u>TD</u>	<b>Year:</b> <u>2007</u>
<b>GVWR:</b> <u>3750</u>	<b>Fuel Type:</b> <u>GAS</u>	<b>Registration Number:</b> <u>PO43 1205</u>	
<b>Auditor:</b> <u>Corndale</u>		<b>Covert / <u>Overt</u></b> (circle one)	
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			

Revised 04/12/2013



## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <u>Rodriguez, Steve</u>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <u>Wilma</u>		<b>Date:</b> <u>7-10-13</u>	<b>Time:</b> <u>3:00</u>
<b>Vehicle Make:</b> <u>Dodge</u>	<b>Model:</b> <u>Cargo Van</u>	<b>Year:</b> <u>2001</u>	
<b>GVWR:</b> <u>5000</u>	<b>Fuel Type:</b> <u>Gas</u>	<b>Registration Number:</b> <u>LX001522</u>	
<b>Auditor:</b> <u>Coverdale</u>		<b>Covert / <u>Overt</u></b> (circle one)	
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			

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## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <u>Quist, Mark</u>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <u>Wilma</u>	<b>Date:</b> <u>7-10-13</u>	<b>Time:</b> <u>3:00</u>	
<b>Vehicle Make:</b> <u>Volkswagen</u>	<b>Model:</b> <u>Beetle</u>	<b>Year:</b> <u>2003</u>	
<b>GVWR:</b>	<b>Fuel Type:</b> <u>Gas</u>	<b>Registration Number:</b> <u>404142</u>	
<b>Auditor:</b> <u>Overdale</u>		<b>Covert / <u>Over</u>t</b> (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was <b>Emissions</b> testing required?	✓		
a) Was Emissions testing performed using OBD?	✓		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			✓
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			✓
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			✓
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?		✓	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		✓	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			

Revised 04/12/2013



## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Riccio, Francis "Joe"</i>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <i>Wilm</i>	<b>Date:</b> <i>7-10-13</i>	<b>Time:</b> <i>2:35</i>	
<b>Vehicle Make:</b> <i>NISSAN</i>	<b>Model:</b> <i>JK</i>	<b>Year:</b> <i>1998</i>	
<b>GVWR:</b> <i>5150</i>	<b>Fuel Type:</b> <i>GAS</i>	<b>Registration Number:</b> <i>PC 042125</i>	
<b>Auditor:</b> <i>Coverdale</i>		<b>Covert / Overt</b> (circle one)	
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?			<input checked="" type="checkbox"/>
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			

Revised 04/12/2013

## DMV Lane Technician Observation Report

DMV Technician: <u>Kelce, Andrew</u>		Position: <u>1 or 2</u>	
Station: <u>Wilmington</u>	Date: <u>7-10-13</u>	Time: <u>3:15</u>	
Vehicle Make: <u>Nissan</u>	Model: <u>MAXIMA</u>	Year: <u>2004</u>	
GVWR:	Fuel Type: <u>GAS</u>	Registration Number: <u>see below</u>	
Auditor: <u>Coverdale</u>	Covert / <u>Overt</u> (circle one)		
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was Emissions testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was Catalytic Converter inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was Fuel Tank pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was Fuel Cap pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a Re-check from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was Curb Idle testing required?			
a) Was Curb Idle testing performed?			
Comment: <u>1N4BA47EX4C882831</u>			
Lane Supervisor Signature:			

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## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Hahn Daniel</i>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <i>Wilm</i>	<b>Date:</b> <i>7-10-13</i>	<b>Time:</b> <i>3:30</i>	
<b>Vehicle Make:</b> <i>Ford</i>	<b>Model:</b> <i>F150</i>	<b>Year:</b> <i>1989</i>	
<b>GVWR:</b> <i>5000</i>	<b>Fuel Type:</b> <i>GAS</i>	<b>Registration Number:</b> <i>283062</i>	
<b>Auditor:</b> <i>Cooverdale</i>		<b>Covert / <u>Overt</u></b> (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?			
b) Was Emissions testing performed using Analyzer Probe?	<input checked="" type="checkbox"/>		
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?	<input checked="" type="checkbox"/>		
3. Was <b>Catalytic Converter</b> inspection required?	<input checked="" type="checkbox"/>		
a) Was Catalytic Converter inspection performed?	<input checked="" type="checkbox"/>		
4. Was <b>Fuel Tank</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Tank pressure testing performed?		<input checked="" type="checkbox"/>	
5. Was <b>Fuel Cap</b> pressure testing required?	<input checked="" type="checkbox"/>		
a) Was Fuel Cap pressure testing performed?	<input checked="" type="checkbox"/>		
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?	<input checked="" type="checkbox"/>		
a) Was Two-Speed Idle testing performed?	<input checked="" type="checkbox"/>		
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b> <i>DoL Tanks hood opened capister checked</i>			
Lane Supervisor Signature: _____			